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|--|---|--|--|---|------------------|---|----------------------|---|--|---|---|--------|-------|--|-----|--|
| FORM S.F. 137 RMD EF 7/02 | |  | | STATE OF WASHINGTON VEHICLE ACCIDENT REPORT | |  | | Date of Accident (Mo/Da/Yr) | | | | | | | | |
| | | | | | | | | Time | | <input type="checkbox"/> AM <input type="checkbox"/> PM | | | | | | |
| INSTRUCTIONS: This report must be mailed within two working days to the following 2 offices: | | | | | | | | | | | | | | | | |
| ① Office of Financial Management Risk Management Division PO Box 41027 Olympia, WA 98504-1027 | | | | | | ② Safety and/or Risk Management Office of Reporting Agency | | | | | | | | | | |
| STATE EMPLOYEE VEHICLE NO. 1 | Name | | | | Age | Employing Agency | | | Position | | | | | | | |
| | Business Address | | | | Zip | | Business Phone | | Was vehicle being used on Official State Business? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | Operator's License No. | | License Restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes, Indicate | | | Have you had a previous accident while driving on state business? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| | License No. | Year | Make | | Body Type | Where Located | | | No. of Passengers | | Est. Repair Cost | | | | | |
| | Owning Agency | | Describe Damages Fully (Parts, type and extent of damage) | | | | | | | | | | | | | |
| If Privately Owned, Name and Address of Owner (If State Owned, Equipment No. Only) | | | | | | | | | | Insurer | | | | | | |
| OTHER VEHICLES | Owner Car No. 2 | | | | Phone | | Owner Car No. 3 | | | Phone | | | | | | |
| | Address | | | | City | | Zip | | Address | | | | City | | Zip | |
| | Driver | | Age | Phone | | Driver | | Age | Phone | | | | | | | |
| | Address | | | | City | | Zip | | Address | | | | City | | Zip | |
| | Driver's License No. | | Vehicle License No. | | | | Driver's License No. | | Vehicle License No. | | | | | | | |
| | Vehicle Make | | Year | Body Type | | | Vehicle Make | | Year | Body Type | | | | | | |
| | Name of Passengers | | | | | | Name of Passengers | | | | | | | | | |
| | Repair Cost | | Describe Damage | | | | Repair Cost | | Describe Damage | | | | | | | |
| | Insurance Company | | | Policy No. | | | Insurance Company | | | Policy No. | | | | | | |
| OTHER PROPERTY | What was Damaged? | | | | | | | | Repair Cost | | | | | | | |
| | Name and Address of Owner | | | | | | | | City | | Zip | | Phone | | | |
| INJURED PARTIES | Name and Address | | | | | | Extent of Injury | | Age | Veh. 1 | Veh. 2 | Veh. 3 | Ped. | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| WITNESSES | Name | | | | Address | | | | City | | Zip | | Phone | | | |
| | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | |
| OTHER RPTS. | Police Investigate? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Which Division (Sheriff, WSP, City) | | | Citation Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No Issued To <input type="checkbox"/> You <input type="checkbox"/> Veh. 2 <input type="checkbox"/> Veh. 3 | | | Have you filed Financial Responsibility Form WSP 161 As Required by Law? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |

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|-------------|--|-------------------------|--|
| Location | | Or Near Intersection of | |
| City/County | | Type of Accident | <input type="checkbox"/> Front to Rear <input type="checkbox"/> Head-On <input type="checkbox"/> Parked Car <input type="checkbox"/> Pedestrian <input type="checkbox"/> Broadside <input type="checkbox"/> Sideswipe <input type="checkbox"/> Bike - Car <input type="checkbox"/> Hit Object |

| Information Regarding Accident | No. 1, Your Vehicle | No. 2, Other Party (Name) | No. 3, Other Party (Name) |
|--|---------------------|---------------------------|---------------------------|
| 1. If pedestrian, where was he/she (crosswalk, etc.)? | | | |
| 2. Road conditions (dry, glare, icy, rain, snow, etc.)? (Gravel, blacktop, etc.) | | | |
| 3. At what distance was danger first noticed? | | | |
| 4. Speeds at time danger was first noticed? | | | |
| 5. Speeds at time of accident? | | | |
| 6. What warning signals were given? | | | |
| 7. Obstruction to vision (weather and other)? | | | |
| 8. Lights On? Wipers On? Windows Fogged? | | | |
| 9. Had any party been drinking? Who? | | | |

Describe in Detail What Happened (Use additional paper if necessary)

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|--|--|------------------------|------|
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Straight Road <input type="checkbox"/> Curve - R or L <input type="checkbox"/> Level </div> <div style="width: 30%;"> <input type="checkbox"/> Hillcrest <input type="checkbox"/> Uphill <input type="checkbox"/> Downhill </div> <div style="width: 30%;"> <input type="checkbox"/> One Lane <input type="checkbox"/> One and One-Half Lane <input type="checkbox"/> Two Lane or Four Lane </div> </div> <p style="font-size: small; margin-top: 10px;">Show on diagram position of each car, vehicle or injured person, indicating by arrow direction of each.</p> <div style="text-align: center; margin-top: 20px;"> </div> <div style="margin-top: 20px;"> <p>IMPORTANT</p> <p style="font-size: x-small;">If street or view was obstructed in any way, indicate where and how; also indicate any street car or tracks and traffic signals or signs.</p> </div> <div style="text-align: center; margin-top: 20px;"> <p>Indicate points of compass N. E. S. W.</p> </div> | <p style="text-align: center; font-weight: bold; margin-bottom: 10px;">Mark Damaged Areas</p> <div style="text-align: center;"> </div> | | |
| Signature (Driver) | Date | Signature (Supervisor) | Date |